

MEN and BOOKS

HISTORY OF MEDICINE IN THE EASTERN TOWNSHIPS*

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It seems most appropriate that your Committee should have included in the program for this meeting several historical sketches, as a welcome to those among you who are strangers to this district, and also as a reminder of the great obstacles and challenges so recently overcome by our medical predecessors. And the time is not ill spent, if we believe a pioneer historian when he said that persons who were not interested in the achievements of their forebears, would never achieve anything to be remembered by their descendants.

The Eastern Townships includes an area extending from the Richelieu River on the west to the valley of the Chaudière on the east, and from the American boundary, north to the French settlements on the St. Lawrence. The name was first used about 1806, probably to distinguish the district from other townships lying north of Lake Ontario which had existed since 1784. In 1823 the area lying between Lake Memphremagog and the Beauce Valley was named the Inferior District of St. Francis, and soon afterwards the word "inferior" was omitted as inappropriate.

One hundred and fifty years ago when the first pioneers began their heroic struggle to settle here, the rolling country was densely wooded, and virtually unexplored except by bands of Indians. Many of you are acquainted with the story of the terrible hardships endured by Major Rogers and his followers when they traversed the district in the middle of the eighteenth century. The scene had not changed when the groups of families began to push into the hinterland at the end of that century. The United Empire Loyalists had been dispossessed through their declared allegiance to Great Britain during and following the American Revolution, and determined to found new homesteads in Canada. A group of 30 to 40 families would become associates owning the land of one township, each family being given 200 acres. Leadership was assumed by one or two men possessing more of wealth or prestige, but few were the wealthy settlers in those days, and it is difficult to imagine or believe the hardships endured by these families with young children who pushed into the virgin forest sometimes 50 miles from the last bush road or navigable river.

Physicians were rare, since the poverty-stricken and sparsely settled districts could not support them. Nearly all the early practitioners had other duties beside their professional ones, partly because educated men were not abundant, but also, no doubt, to fatten out a meagre income. Some taught school, many acted as court commissioners, others had land of their own to clear and harrow.

One of these early practitioners was Dr. Stephen Sewell Foster who came from Vermont in 1822 with a group of settlers and established himself at Frost Village in Shefford on his own farm. He was licensed to practice by the Vermont Medical Society, but attended lectures at Quebec and later at McGill as well. In the early days he was the only medical man within a radius of 40 miles, from Yamaska Mountain to Missisquoi Bay and east to Stanstead, Sherbrooke and Melbourne, and would travel by log canoe down Lake Memphremagog, or by blazed trails across wide stretches of country on foot or snowshoe. To his dying day it is said he never refused to answer a call.

He was appointed surgeon to Col. Jones' Battalion of militia about 1825, and was also joint coroner of the district for many years. Dr. Foster was Justice of the Peace and Commissioner for the trial of small causes when there was no other court in the Eastern Townships. In 1841 he was elected and then re-elected to the Provincial Parliament for Shefford. On the formation of the College of Physicians and Surgeons of the Province in 1841, he was elected a governor. In an obituary notice in the *Waterloo Advertiser* of 1869, the Hon. L. S. Huntingdon said:

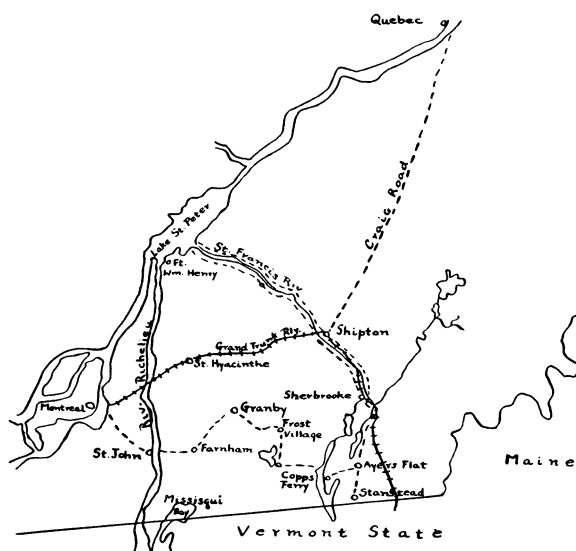
"His gentleness in the sick room—his tenderness for the afflicted . . . endeared him to the people . . . the inclemency of the weather, the fearful roads of the new settlements, night after night of unrelenting toil, had no terrors for the 'Old Doctor', as he was called . . ."

From Frost Village a hardy traveller could follow an abominable road to Luke Knowlton's farm on the shores of Lake Memphremagog, and cross over on a large flat boat propelled by sweeps to Copp's Ferry, later known as Georgeville. It was a busy village in 1820, on the postal route from Montreal to Beebe and New England. The road ran through Ayers Flat to Stanstead Plain, a thriving border town and depot for travellers to and from the United States that was noted for its fine houses and prosperous farms.

Here in 1832 came Dr. Moses French Colby, born in New Hampshire in 1795, who had studied medicine at Yale in 1817, Dartmouth in 1820 (from which he graduated in 1821) and, after several years of practice, had returned to study at the School of Practical Anatomy at Harvard in 1828. On coming to Lower Canada he was required to pass a rigid examination before the Medical Faculty at Quebec and obtained a

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license to practice. He soon showed his ability, as a skilful practitioner, as a correspondent with Dr. Gould, the President of the Massachusetts Medical Society, and with the *Boston Medical and Surgical Journal*, and as a public-minded citizen. He was surgeon for the local militia during the Rebellion of 1836-37. In 1837 he was elected member for Stanstead in the legislature, and, after the union of Upper and Lower Canada he stood again for election in 1840. His opponent was Marcus Child, the local druggist, a Liberal in the widest sense of the word, who had been forced to leave the country in 1837. It is an interesting reflection on the times, and on the people (especially considering their constancy in political affiliation today) that Child was elected as their candidate. The supporters of Dr. Colby comforted themselves by saying that Child had a *nominal* majority but they had a majority of *legal* votes.



A young Mr. R. N. Webber came to Stanstead in the same year as Dr. Colby and became the Collector of Customs. Deciding to study medicine he apprenticed himself to Dr. Colby, as was the practice in the days before medical schools became established in Canada. He later took lectures at Harvard, and witnessed the second occasion of the use of ether in that institution. He graduated in 1847 from Bowdoin College and settled at Richmond, below Sherbrooke on the St. Francis River. This town was another of the centres for immigrants to the Eastern Townships. Long known as Shipton, it was the terminus for the Craig Road that had been put through by the militia from Quebec in 1811 under the direction of Governor Craig, and as such was witness to many distressing scenes. Would-be settlers from Europe arrived at Quebec in the early spring poorly clad, poorly fed, miserably equipped and with no knowledge of the country or how to clear it. Many of them were ridden with lice and other vermin, and with

them came the dreaded cholera to wipe them out in scores.

Besides the Craig Road, described by the Government Surveyor Bouchette in 1832 as "almost impassable owing to swamps and windfalls", two roads ran down the river to the St. Lawrence where goods were unloaded from ocean vessels.

Dr. Webber's practice covered an area about 20 miles radius from Richmond yet it was said that "there was hardly a farm house in that large territory in which he had not at some time ministered to the sick". He was dignified, gruff, but kindly. His interest in public affairs prompted him to play a prominent rôle in founding the St. Francis College, which was associated with McGill, and he taught mathematics and chemistry. He was also a classical scholar, and at the age of 70 would spend sleepless hours reading the New Testament in the original Greek.

We have made a tour of the townships, now let us return to the Chef-lieu, where the Magog River tumbles down a narrow precipitous gulley into the St. Francis, called Big Forks, and later Sherbrooke. The village had grown by 1832 to become a centre of 50 houses at the head of navigation on the St. Francis River and the seat of jurisdiction for the District of St. Francis. Some years later its importance was increased by the arrival of the Grand Trunk Railway from Montreal via Richmond, and a paddle-boat to ply up the river to Lennoxville carrying excursionists.

In 1843 there arrived a small, stocky Irishman called Edward Dagge Worthington, with sharp blue eyes, fiery hair and beard, and a temper to match. He had been apprenticed to Dr. Douglas, the well-known surgeon at Quebec for seven years, and then had studied at Edinburgh under the famous doctors Argyll-Robertson, Jr. and David Skae, and the infamous Dr. Robert Knox. He was licensed by the Provincial Medical Board on his return and soon settled at Sherbrooke or, as he would facetiously refer to it, "Little Peddlington on St. Francis".

It was not long before he made his mark as a surgeon, and by his pioneer work in anaesthesia, for he was one of the first in Canada to use ether in an operation, and probably the first to use chloroform. The records show that Dr. A. F. Holmes used chloroform in a delivery on January 25, 1848, while on the same day Dr. Worthington was removing a tumour from a child's hand by its aid. The drug had been made for him by Mr. S. J. Lyman, the druggist in Montreal.

To the townspeople Dr. Worthington was something in addition to a skilful and daring investigator. His manner was gruff and his temper violent, so that when one day an unthinking farmer was found sitting in his office

covered with small-pox lesions, the doctor drove him out of the town with a horse whip. Yet he was gentle and considerate with the afflicted and devoted to his profession. On one occasion a gold watch and chain was presented to him for his work in a severe smallpox epidemic, and later a silver tea service bearing the family crest in appreciation of his kindness and devotion to the poor. The following was said of him, following his death in 1895, by the *Medical Age of Detroit*:

"... his whole life was intimately interwoven with the medical history of Canada, and was an integral part of the history of the Province of Quebec. It is the lot of few men to be so noble, so distinguished, so loved, and so missed."

While I have of necessity left unmentioned many others who gave distinctive service, these four may serve as facets to direct your attention to their accomplishments, and to add interest to the various localities you may visit while in this district.

One cannot but be amazed at the achievements of these men who, working under such arduous conditions, and lacking the facilities that we now regard as essentials, were successful in so many of their endeavours. Perhaps their success depended on the extreme broadness of their view, for they saw medicine as a composite whole, and treated the patient as a man, whom they knew intimately because they lived his life.

MEDICAL ECONOMICS

HEALTH SERVICES IN NEW ZEALAND*

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Among the free nations of the world, New Zealand has done the most "advanced" experimenting with state intervention to furnish health services for all of the people. It is now ten years since provision for health benefits was written into the Social Security Act of 1938. Actually, however, no comprehensive study of the scheme has heretofore been published in North America.

The essential feature of the New Zealand system of health benefits is that the state pays for basic medical, pharmaceutical, hospital, and

some other services. Health benefits are universally available to the whole population without means test of any kind. Funds are raised through taxation. In compensating general practitioners, both capitation and fee-for-service methods are used, but the overwhelming majority uses the latter. Pressure from the profession led to three major concessions: the fee-for-service plan, the right of the doctor to charge the patient more than the fixed fee, and state refund to the patients rather than direct collection by the doctor from the state fund. With these modifications, nearly all physicians in the country are practising under the act, although the organized profession and the Government have not been co-operating to the extent necessary for a proper functioning of the scheme.

Health policy of the Labour Party.—The New Zealand Labour Party won a decisive victory in the general election of November, 1935, and has governed the country continuously since that time. Like the Labour Party in the United Kingdom, it is a non-doctrinaire and mild socialist party, more inclined to extend social security than to transform society. Its health program was only one unit among a number of new and expanded social services. In Labour's election manifesto of 1935, a "National Health Service" is promised, that would:

"(a) Give every citizen the right during ill-health to call in his own medical practitioner, to consult and receive the services of specialists where required, and by the reorganization of our Hospital System, to make available all other services that are necessary for the restoration and maintenance of health.

"(b) Extend the Home Nursing Service so as to provide all the attention necessary for mothers and other members of families when it is not convenient for them to leave their own homes. The Labour Government will provide the necessary laboratory facilities to maintain the efficiency of the services, together with adequate payment to practitioners and others who carry out the work. The service will be available for every family."

Another section of the manifesto contained the declaration: "Health services should be made as freely available as educational services".

Attitude of the medical profession.—The medical profession of New Zealand was ill prepared to deal with popular and political demands for a national health scheme. A thoughtful warning had been given in early 1935 by Dean C. E. (now Sir Charles) Hercus of the Medical School, University of Otago. He told of the sorry plight of the British medical profession at the time Lloyd George brought into Parliament health insurance legislation. In country after country the profession failed to provide effective leadership in the formation of health plans. Dean Hercus concluded:

"No lesson stands out more clearly than that the profession should keep in the closest touch with those engaged in drawing up even tentative schemes and should

* This is an abridged report of a study that was conducted by the authors in New Zealand while Professor McHenry was on a fellowship for the Carnegie Corporation. Dr. Hugh MacLean is a physician and surgeon, formerly in practice in Regina, Saskatchewan, Canada, now in Los Angeles. Dean E. McHenry is Associate Professor of Political Science and Dean of Social Sciences, University of California at Los Angeles, California.